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Letter to the Editor

Two Canadian Provincial Initiatives During the COVID-19 Pandemic and Their Impact on Nursing Home Staffing

To the Editor:

During the first wave of the COVID-19 pandemic, Québec was the hardest hit province in Canada with close to half the deaths due to the virus in the entire country. The vast majority of those deaths occurred in long-term care institutions, or nursing homes. If these facilities had been chronically understaffed, as the pandemic progressed, low staffing levels became an even bigger problem as many workers left or became sick.¹ For this reason, in April of 2020, Premier Legault of Québec requested the help of the army to increase the numbers of workers in nursing homes and the federal government agreed.² The military filed a report stating that they had observed staff shortages, lack of PPEs, and improper infection control in many facilities.³ Premier Legault acknowledged that he was not surprised by these findings. Staff shortages were a known weakness of the extended care system; however, the government had failed to act prior to the pandemic.

In addition to inadequate staffing levels, many personal support workers were not full-time employees at one facility and had to work in multiple homes in order to make ends meet. If Québec seemed oblivious to the threat of virus transmission between facilities, British Columbia understood the possible consequences of worker migration. In March of 2020, Dr Henry, the provincial health officer of British Columbia, put forward 2 provincial orders, one banning staff from working at more than 1 facility and the other requiring nursing home operators to turn over staff rosters.⁴ She declared that the government would take control of personal support workers. This meant that for 6 months personal support workers would get equal pay and would be hired full-time in one facility. This limited working options, but workers were guaranteed a living wage at one facility. A 2020 report by Ernst and Young for the government of British Columbia's ministry of health found that "single site staffing had a positive impact on reducing the overall spread" but that it had led to loss of staff.⁵ This unintended consequence has raised concerns as it left homes vulnerable to staff shortages. In addition, the single-site policy may have been a good measure in the short run, but it had differential impacts on the various types of facilities, which were not all beneficial.⁶

Personal support workers moving from one facility to another should have drawn concern from the start in Québec; however, it was not perceived as crucial as the focus was on families and

visitors bringing the virus into the homes. Rather, the government sought to address staff shortages and Premier Legault called for better salaries for personal support workers. In June of 2020, he announced that the government was looking to recruit and train 10,000 personal support workers.⁷ Potential workers were paid CAD\$21/h to train and if they completed the training, they were guaranteed a job at CAD\$26/h in a publicly funded nursing home.⁸ By July of 2021, 92% of those recruited, called "préposés à Legault" in the media (Legault's personal support workers), are still working in nursing homes. The numbers are 8357 out of 9127, which indicates high retention, but the goal of 10,000 has not been reached. The government is looking at immigration to increase the numbers.⁹ The Québec initiative is directed at staffing, and unlike its counterpart in British Columbia, Québec public health was not involved. Rather, the issue was framed as one to be addressed by the government to support the extended health care sector.

Recruitment and retention of personal support workers is an ongoing concern. British Columbia's initiative made staffing worse, and Québec is still grappling with the problem. Salaries and stability are important, which explain the partial success of Québec's initiative. Nevertheless, it has taken more than a year for the Legault government to entice workers. This indicates that there are deep-seated problems with this type of occupation. In part, it is because the work is socially devalued but there has to be other reasons. A crucial first step is to consult personal support workers in order to identify some of the roadblocks to job satisfaction. Before the pandemic, the Ontario Centres for Learning, Research & Innovation in Long-Term Care along with the Research Institute for Aging conducted a survey of personal support workers. Among the findings, workers stated that they wished to be part of the decision-making processes in their facilities.¹⁰ Worker involvement increases worker satisfaction. Consulting and listening to workers will help improve working conditions and, in turn, the quality of the care provided.

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